



Delaware Health & Social Services
Division of Public Health
Office of Drinking Water



Certified Drinking Water Operators Application

- Please place an "X" in the appropriate box indicating which type of license you are applying for:

☐ Water Operator License ☐ Operator Training License ☐ Reciprocal License

- Please print or type:

Name:			Social Security #		
<i>First</i>	<i>MI</i>	<i>Last</i>			
Home Address:					
<i>No. and Street</i>					
<i>City</i>		<i>State</i>		<i>Zip Code</i>	
Home Phone No.			Work Phone No.		
<i>Area Code</i>			<i>Area Code</i>		
E-Mail Address:					

***NOTE:** Under the Federal Privacy Act 5, USC 552a, disclosure of your social security number is voluntary. It will be used for the purpose of a unique internal identifier.

Name of public water system at which
You are or expect to be employed

Have you previously filed an application for a license with the Division of Public Health? ☐ Yes ☐ No

Have you taken a Division of Public Health examination for water operator licensing? ☐ Yes ☐ No

Score: Date Taken:

EDUCATION

Elementary and High School *Indicate highest grade completed*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10	11	12	

Do you have a high school diploma or equivalency certificate (GED)? ☐ Yes ☐ No

Do you have a college degree? ☐ Yes ☐ No

Name & Location of college	Dates Attended		Major	Degree
	From	To		

Drinking Water System Employment Record (Begin with present position and work back through applicable experience)

CURRENT EMPLOYMENT

Name of Employer					
Address & Phone Number					
Position / Title		Dates of Employment			
		From:		To:	
Duties					
Treatments					
Have these treatments been in place the entire time you have worked there?				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
<input type="checkbox"/> Full Time	If Part Time, Give No. of Hours Worked Per Week	Time Employed			
		Direct Responsible Charge *		Operating Experience **	
<input type="checkbox"/> Part Time		Years	Mos.	Years	Mos.
<p>The section below is to be completed by the applicant's current supervisor</p> <p><i>To the best of my knowledge, I certify that the above information is factual and accurate</i></p>					
Printed Name		Supervisor's Signature		Date	

PREVIOUS EMPLOYMENT

Name of Employer					
Address & Phone Number					
Position / Title		Dates of Employment			
		From:		To:	
Duties					
Treatments					
Have these treatments been in place the entire time you have worked there?				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
<input type="checkbox"/> Full Time	If Part Time, Give No. of Hours Worked Per Week	Time Employed			
		Direct Responsible Charge *		Operating Experience **	
<input type="checkbox"/> Part Time		Years	Mos.	Years	Mos.

PREVIOUS EMPLOYMENT

Name of Employer						
Address & Phone Number						
Position / Title		Dates of Employment				
		From:		To:		
Duties						
Treatments						
Have these treatments been in place the entire time you have worked there?					Yes	<input type="checkbox"/>
					No	<input type="checkbox"/>
<input type="checkbox"/> Full Time	If Part Time, Give No. of Hours Worked Per Week	Time Employed				
		Direct Responsible Charge *		Operating Experience **		
<input type="checkbox"/> Part Time		Years	Mos.	Years	Mos.	

***Direct Responsible Charge** means a certified water system operator assigned accountability for performance of active, on-site operational duties

****Operator** means a licensed person who works in a water treatment facility and/or a water distribution system who may be a direct responsible charge or may work under a direct responsible charge

Endorsements / Treatments											
Please indicate the endorsements you are requesting certification for in this application. Please provide documentation for all new endorsements (Those treatment processes currently in use at your plant or endorsements that you have tested for).											
<u>Disinfection</u>		In Use	Tested	<u>Chemical Feed</u>		In Use	Tested	<u>Filtration</u>		In Use	Tested
Hypochlorination		<input type="checkbox"/>	<input type="checkbox"/>	Lime-Soda Ash		<input type="checkbox"/>	<input type="checkbox"/>	Activated Carbon		<input type="checkbox"/>	<input type="checkbox"/>
Gas Chlorination		<input type="checkbox"/>	<input type="checkbox"/>	PH Adjustment		<input type="checkbox"/>	<input type="checkbox"/>	Sand		<input type="checkbox"/>	<input type="checkbox"/>
Ozonation		<input type="checkbox"/>	<input type="checkbox"/>	Inhibitor Use		<input type="checkbox"/>	<input type="checkbox"/>	Reverse Osmosis		<input type="checkbox"/>	<input type="checkbox"/>
Bromination		<input type="checkbox"/>	<input type="checkbox"/>	Sequestering		<input type="checkbox"/>	<input type="checkbox"/>	Greensand		<input type="checkbox"/>	<input type="checkbox"/>
Iodine		<input type="checkbox"/>	<input type="checkbox"/>	Permanganate		<input type="checkbox"/>	<input type="checkbox"/>	Activated Alumina		<input type="checkbox"/>	<input type="checkbox"/>
Chloramines		<input type="checkbox"/>	<input type="checkbox"/>	Peroxide		<input type="checkbox"/>	<input type="checkbox"/>	Ion Exchange		<input type="checkbox"/>	<input type="checkbox"/>
Chlorine Dioxide		<input type="checkbox"/>	<input type="checkbox"/>	Fluoridation		<input type="checkbox"/>	<input type="checkbox"/>	Cartridge		<input type="checkbox"/>	<input type="checkbox"/>
UV Light		<input type="checkbox"/>	<input type="checkbox"/>					Diamateous Earth		<input type="checkbox"/>	<input type="checkbox"/>
								Ultrafiltration		<input type="checkbox"/>	<input type="checkbox"/>
								Microfiltration		<input type="checkbox"/>	<input type="checkbox"/>
<u>Surface Water</u>		In Use	Tested	<u>Other Treatments</u>		In Use	Tested	<u>Distribution</u>		In Use	Tested
Algae Control		<input type="checkbox"/>	<input type="checkbox"/>	Aeration		<input type="checkbox"/>	<input type="checkbox"/>	Flow < 500 gpm at 20 psi		<input type="checkbox"/>	<input type="checkbox"/>
Coagulation		<input type="checkbox"/>	<input type="checkbox"/>	Dechlorination		<input type="checkbox"/>	<input type="checkbox"/>	Flow > 500 gpm at 20 psi		<input type="checkbox"/>	<input type="checkbox"/>
Flocculation		<input type="checkbox"/>	<input type="checkbox"/>	Distillation		<input type="checkbox"/>	<input type="checkbox"/>				
Rapid Mix		<input type="checkbox"/>	<input type="checkbox"/>	Bone Char		<input type="checkbox"/>	<input type="checkbox"/>				
Sedimentation		<input type="checkbox"/>	<input type="checkbox"/>	Electrodialysis		<input type="checkbox"/>	<input type="checkbox"/>				
Sludge Treatment		<input type="checkbox"/>	<input type="checkbox"/>								

Applicants applying for a Reciprocal License need to fill out the information in the area below

Applicants must provide a copy of their current license / certificate and provide a copy of that State's licensing requirements

State in which licensed and current classification	License #

Certification of Applicant

I hereby certify to the best of my knowledge that the information above is accurate and factual

Applicant's Signature	Date

Additional Comments:

IMPORTANT: *Read Carefully before submitting your application.*

- Have you answered all of the questions? Please check to make sure you have completed the application.
- Have you signed and dated the application above?
- Has your current supervisor signed and dated the appropriate employment block?
- Have you provided all necessary documentation?
- Send your application and all necessary documentation to:

**Division of Public Health
Office of Drinking Water
Blue Hen Corporate Center
Suite 203, 655 Bay Road
Dover, DE 19901
Attn: Operator Certification Officer**